PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1	995, no person are requi	ired to res			nark Office; U.S. Di ation unless it displa			
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
			Application Number		10/583,029-Conf. #8844			
FEE TRANSMITTAL For FY 2009		F	Filing Date		June 15, 2006			
		Ŀ	First Named Inventor		Toshihiro Takeda			
		E	Examiner Name		K. K. CHU			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		3771			
OTAL AMOUNT OF PAYMENT (\$) 710.00		F	Attorney Docket No.		AAO-0278			
METHOD OF PAYMENT (check a	ll that apply)							
Check Credit Card	Money Order	None	Other (	please ident	fy):			
x Deposit Account Deposit Account No	umber: 18-00°	13 🕠	Deposit A	Account Nan	ne: Rader, Fish	man & Grau	er PLLC	
For the above-identified depos	sit account, the Direc	tor is h	ereby authorize	ed to: (che	ck all that apply	)		
x Charge fee(s) indicated	below		Charge	e fee(s) in	dicated below,	except for the	e filing fe	
Charge any additional fee(s) or underpayments of								
FEE CALCULATION	<del></del>				,			
1. BASIC FILING, SEARCH, AND EX	AMINATION FEES				· · · · · · · · · · · · · · · · · · ·			
FIL	ING FEES	SEAF	RCH FEES	EXAMI	NATION FEES	3		
Application Type Fee (\$)	Small Entity Fee (\$) Fo	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)	
Utility 330		540	270	220	110	<del></del>		
Design 220	110	100	50	140	70			
Plant 220	110	330	165	170	85	***************************************		
Reissue 330	165	540	270	650	325			
Provisional 220	110	0	0	0	0			
2. EXCESS CLAIM FEES						<u>s</u>	mall Entit	
Fee Description						Fee (\$)	<u>Fee (\$)</u>	
Each claim over 20 (including Reissu	· 5					52	26	
Each independent claim over 3 (inclu-	ding Reissues)					220	110	
Multiple dependent claims	- 440	•	D-1-1 (6)	_		390	195	
Total Claims  12  - 20 = 0	Fee (\$) x 0.00 =		Fee Paid (\$) 0.00		Multiple Depend			
HP = highest number of total claims paid for,	·		0.00	<u>-</u>	<u>ee (\$)</u>	Fee Paid (\$)		
Indep. Claims Extra Claims	Fee (\$)	Fee	Paid (\$)			***************************************	_	
4 -3 = 1	× 220.00 =		20.00					
HP = highest number of independent claims p	aid for, if greater than 3.							
3. APPLICATION SIZE FEE  If the specification and drawings exc	eed 100 sheets of n	aner (e)	xcluding electro	onically f	iled sequence o	r computer		
listings under 37 CFR 1.52(e)), the sheets or fraction thereof. See 35	e application size fe	ee due i	is \$270 (\$135 f					
Total Sheets Extra Sheets			itional 50 or frac			Fee P	aid (\$)	
- 100 =	/50 =	(r	ound up to a who	le number)	х	=		
4. OTHER FEE(S)  Non-English Specification, \$130	fee (no small entity	discou	nt)			Fees P	Paid (\$)	
Other (e.g., late filing surcharge):				econd m	onth	490	0.00	

SUBMITTED BY					
Signature	par Ba	Registration No. (Attorney/Agent)	56,029	Telephone	(202) 955-3750
Name (Print/Type)	Maulin M. Patel			Date	August 3, 2010